

Entered -10-17-01 - sb
CL 01L0655 - GWENDOLYN BURNS


CLAIM OF:

JAMES KIRKPATRICK
138 Williams Bluff
McDonough, Georgia 30331

01-R-1835

For damages alleged to have been sustained when a subject was erroneously detained by authorities as a result of inaccurate recording of the disposition of a ticket by Traffic Court on December 23, 2000 in Henry County.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0655

Date: October 31, 2001

Claimant /Victim JAMES KIRKPATRICK
BY: (Atty) (Ins. Co.) _____
Address: 138 Williams Bluff, McDonough, Georgia 30252
Subrogation: _____ Claim for Property damage \$ 340.00 Bodily Injury \$ _____
Date of Notice: 9/28/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ Ante Litem (6 Mo.) _____
Date of Occurrence 12/23/00 Place: Henry County, Georgia
Department COURT Division Traffic
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that he sustained damages when the City Court Clerk failed to properly record the disposition of a ticket issued for a "driving on suspended license" violation which ultimately lead to claimant's suspension of license and wrongful arrest. However, the claim as presented does not comply with the same requirements of notice as set forth in O.C.G.A. Section 36-33-5(b). The six month statute of limitation expired prior to receipt of the claim.

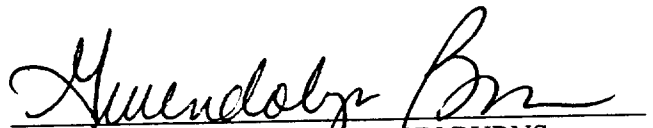
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

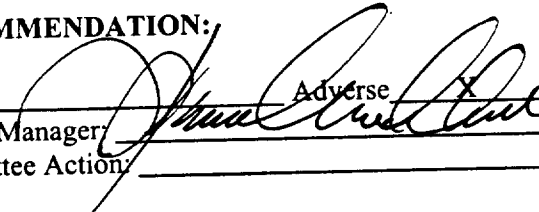
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 11-21-01
Committee Action _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

SEP 28 2001

RE: CLAIM FOR DAMAGES

Today's Date: 9-21-01

MUNICIPAL CLERK

ENTERED - 10-17-01 - SB
01L0655 - GWEN BURNS

BURNS
10/12/01
Gwen

Dear Clerk of Council:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 340⁰⁰ for expenses and/or \$ _____ bodily injury for which I contend the City is liable. property

1. Date of incident: 12-23-00
(month/day/year)

2. Police called: ☒ Yes ☐ No

3. Location of incident: Henry Co. GA

4. Name of your insurance company: N/A Policy No. _____

5. State what and how incident occurred: I was arrested and jailed on 12-23-00 for driving on a suspended license. My car was impounded. Documentation shows this was due to an error of the City Court of Atlanta.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: N/A
(make) (year) (tag number) (driver's name)

City vehicle: _____
(make) (City driver's name) (department/bureau)

8. Witness: _____
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

James Richpatrick
(claimant's name)

138 Williams Bluff
(address)

McDonough, GA 30252
(city and state)

N/A (work number) (678) 432-3149 (home number)